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May 15, 1990

The Honourable John Jansen,
Minister of Health,
Room 109, Parliament Buildings,
Victoria, B.C.
V8V 1X4

Dear Sir,

It is with great pleasure that I forward this first Annual Report of the Forensic Psychiatric Services Commission of British Columbia.

The Forensic Psychiatric Services Commission is not unlike an individual. Its productivity and reputation are directly related to its performance and public service.

This report is a reflection of the achievements of the Executive Director and all of those who have so ably helped in fulfilling the Commission's objectives.

In many ways our field is the most challenging in health care especially given our need to serve diverse and sometimes conflicting interests. From Government who have been innovative and supportive, to those who have had to provide the day-to-day service, the challenge has been met.

The future is bright and our current efforts include concrete plans which were but faint dreams when the Commission was founded less than two decades ago. While there is no room for complacency I have every confidence that our proven and valued staff will enable the further fulfilment of these goals.

Maelor Vallance, M.B.
Chairman
Forensic Psychiatric Services Commission

Forensic Psychiatric Services
Commission Members

Dr. M. Vallance, Chairman
Vancouver, B.C.

Mr. R. Peck Q.C., Vice-Chairman
Vancouver, B.C.

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Executive Director
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Executive Director
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Dr. D. Bolton
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Dr. S. Rachman
Vancouver, B.C.

Introduction

When the Commission was introduced through provincial legislation in 1974, its facilities consisted only of the Forensic Psychiatric Institute and a small out-patient clinic in Vancouver formerly operated by the University of British Columbia. There were no clinics in Victoria, Kamloops, or Prince George, no travelling clinics, no adolescent programmes, and no sex offender programmes. Over the years, a variety of factors escalating the numbers of mentally disordered persons in the Criminal Justice System have led to demands to provide more comprehensive, accessible and sophisticated services, and the Commission, through the unique legislation which created it, has attempted to respond to the challenge. The Commission has developed a unique Young Offender Act assessment and treatment programme and, more recently, an extensive sexual offender programme. Affiliation with Simon Fraser University and now the University of British Columbia has encouraged training and research in forensic psychiatry, the fruits of which are only just beginning to be appreciated. We have been fortunate to recruit a staff with intelligence, vigour and foresight, and I look forward to working with them in the future and would like to thank them for their outstanding efforts in the past year. There has been great interest during this time from different provinces and different countries in the Commission's structure and activities, and this has been particularly gratifying.

Derek Eaves
Executive Director
Forensic Psychiatric Services Commission

FPSC Mandate, Mission Statement and Goals

Mandate of the Commission

The Forensic Psychiatric Services Commission operates in the Province of British Columbia under the mandate of the Forensic Psychiatry Act, the Criminal Code of Canada, the Young Offenders Act and the Mental Health Act of British Columbia. Under the Forensic Psychiatry Act, the Commission has been given the following responsibilities:

- *Provide forensic psychiatric services to the courts in the Province;*

- *Provide forensic psychiatric services, including in-patient and out-patient treatment, for:*

  - *accused persons remanded for psychiatric examination;*
  - *persons held at the direction of the Lieutenant Governor in Council;*
  - *persons in need of psychiatric care or assessment while in custody;*
  - *persons held under a court order;*

- *Plan, organize and conduct research and educational programmes respecting the diagnosis, treatment and care of forensic psychiatric cases;*

- *Consult with all levels of government, mental health centres, and other persons or organizations regarding the advancement of FPSC objectives.*

FPSC Mission Statement

To ensure the management and provision of forensic psychiatric services for persons referred by the courts, government and justice related agencies in British Columbia.

FPSC Goals and Objectives

The fundamental goal of the Commission is to perform all of it's statutory functions to the fullest extent and in the most effective manner possible within the practical limitations of the facilities it administers on behalf of the Ministry of Health. The Commission recognizes that each facility makes a unique contribution to the achievement of this overall goal to the extent that patient populations and services offered differ among facilities. Accordingly, objectives and programmes of individual facilities may vary in respect of their individual circumstances and in response to community needs for their services. Nonetheless, a fundamental commitment to achieving a high quality of patient care and community service is common to all facilities and guides the performance of all functions of the Commission.

The Commission recognizes that its statutory functions confer upon it a unique responsibility to identify and treat offenders who are in need of psychiatric services. In order to properly meet this responsibility, the Commission is committed to providing not only clinical services, but also to conducting research and providing educational and consultation services to all branches of the criminal justice system. Accordingly, the Commission has set forth a number of objectives for the organization:

- *To provide a high standard of cost-effective humane assessment and treatment services for mentally disordered persons charged with criminal offenses, and ensure the safety of patients, staff and the general public through the provision of appropriate secure facilities;*

- *To provide expert consultations to the courts regarding mentally disordered offenders and to provide consultations to provincial ministries and agencies in the areas of family violence and the management of severe behaviour disorders;*

- *To develop specialized decentralized programmes to address the special requirements of youth and adult offenders.*

FPSC Services and Programmes

The Forensic Psychiatric Services Commission provides a variety of services and programmes as well as administers a number of facilities, each of which is designed to meet specific areas of need for adults and young persons. Through its in-patient and out-patient services, the Commission offers a network of assessment and treatment services to assist relevant ministries in the care and management of the mentally ill offender. These services and facilities are staffed by multi-disciplinary teams consisting of psychiatrists, psychologists, psychiatric nurses, social workers, child care counsellors, health care workers, rehabilitation therapists, and vocational therapists.

Adult Forensic Psychiatric Services

In-Patient Services

The Commission provides adult in-patient services through the Forensic Psychiatric Institute, a 151 bed[1] secure hospital which is located approximately seventeen miles east of Vancouver. The institute provides assessments of fitness to stand trial for individuals remanded by the courts, treatment for persons found unfit to stand trial, and individuals found not guilty by reason of insanity. Treatment is also provided at the Institute for individuals who become mentally ill while in the custody of a provincial corrections facility. On occasion, the courts have ordered the admission of an individual to the Forensic Psychiatric Institute for a pre-sentence assessment. Referrals to the Institute are accepted only from the courts or the corrections branch of the B.C. Ministry of the Solicitor-General.

[1] There are 133 beds available for male patients and 18 beds for female patients.

Out-Patient Services

Out-patient services are provided through clinics in Vancouver and Victoria. As well, there are travelling clinics which operate in Kamloops and Prince George. Clinical staff time is shared between the Regional Correctional Centres and Mental Health Centres in Kamloops (two days) and Prince George (two days). The travelling clinic consists of a forensic psychiatrist, a psychologist and a community nurse who also acts as the clinic coordinator.

Out-patient services include court ordered pre-trial assessments to determine fitness to stand trial, pre-sentence psychiatric assessments, assessment and treatment of persons on bail and probation, assessment and treatment of persons in provincial corrections facilities, supervision and treatment of not guilty by reason of insanity patients discharged from the Institute, and sex offender treatment programmes. Out-patient services accept referrals for service in the following four categories:

- Attendance at a clinic as a result of a probation or bail order;
- Attendance for a court ordered pre-sentence psychiatric assessment;
- Modified Order-in-Council patients leaving the Forensic Psychiatric Institute to live in the community; and
- Referrals for the travelling clinics.

Adult Forensic Psychiatric Programmes

While the Forensic Psychiatric Services Commission operates a wide array of programmes, the following discussion focuses on recently implemented programmes which address specific pressing community needs.

The Inter-Ministerial Project

The Inter-Ministerial Project (IMP) is an "assertive" or "intensive" case management project which is jointly sponsored and funded by Forensic Psychiatric Services, B.C. Corrections, and the Greater Vancouver Regional Mental Health Service. The project, which is modelled after the Chicago Bridge program, is designed to assist multi-problem individuals with criminal justice complications who have a combination of psychiatric, behaviourial, and/or psychosocial problems. The primary goals of the project are to extend the length of community tenure and to improve the quality of life of these individuals. IMP case workers attempt to achieve these goals by assisting the client to gain access to existing community support networks. The main service components of the IMP include frequent contact with clients, long term commitments to clients, an explicit focus on preventing re-incarceration and re-hospitalization, intervention on the client's "own turf", and the use of a team approach in dealing with the clients. The IMP, therefore, is not an office based project, but is, instead, an assertive outreach program where case workers adopt a "hands on" approach in dealing with clients.

The Inter-Ministerial Project has been in operation for approximately thirty-six months. In that time, the IMP has established itself as an integral component of the support network in the downtown eastside Vancouver area.

Sex Offender Treatment Programmes

Forensic Psychiatric Services provides treatment to incarcerated sex offenders and those with probation conditions which require their attendance for psychiatric or psychological counselling. The overall goals of sexual offender treatment are to develop and encourage appropriate sexual behaviour, thereby reducing or preventing the reoccurrence of sexual offenses. Sex offenders entering the treatment programme receive a routine evaluation, which may include a psychiatric interview resulting in a DSM III diagnosis,

as well as a standard battery of psychological tests. The evaluation may also include a sexual physiological assessment. Treatment modalities utilized may include group therapy, social skills training, marriage counselling, behavioral therapy, and, in some cases, pharmacological treatments. Out of a total of 550 individuals receiving services from Forensic Adult Outpatient Services, 297 (54%) are sex offenders in treatment in Vancouver (103), Stave Lake Correctional Centre (66), Surrey (33), Campbell River (30), Kamloops (20), Vernon (52), and Prince George (25).

Youth Forensic Psychiatric Services

In-Patient Services

In-patient services for youth are provided by the Maples Adolescent Treatment Centre and Juvenile Services to the Court, which are both located in Burnaby. The Maples Adolescent Treatment Centre is a sixty-one bed co-educational provincial mental health facility designated under the Mental Health Act. The Maples has a mandate to provide residential treatment to the most "psychiatrically ill"[2] adolescents in the Province who have reached their twelfth birthday and have not reached their seventeenth birthday. While the Maples is not designated as a place of custody under the Young Offenders Act, it is the primary facility for young persons in conflict with the law who are in need of residential treatment.

Juvenile Services to the Court operates a nine bed maximum security in-patient assessment unit for those youths who require, due to the nature of their crime or their mental condition, assessment in a custodial setting. The facility is designated as a mental health facility under the Mental Health Act and as a place of temporary detention. Access to the unit is by court remand only.

[2] The term "psychiatrically ill" refers to those adolescents who suffer from major psychiatric disorders or exhibit severe behaviour disorders.

For young sexual offenders, Juvenile Services to the Court (JSC) has developed a specialized treatment programme at the Burnaby clinic. In addition, JSC has developed the LINK programme at the Salvation Army's House of Concord. This ten bed programme is for non-ward adolescent sex offenders from the North, Interior, and Island regions of the province. At this time, there are 80 adolescents receiving treatment through Juvenile Services to the Court.

Out-Patient Services

Under the Young Offenders Act, Forensic Psychiatric Services through Juvenile Services to the Court has the province-wide responsibility of providing court ordered assessment and treatment services for young persons twelve to seventeen years of age who are in conflict with the law. These services are provided through out-patient clinics in Burnaby, Victoria, Prince George and Kamloops. In other areas of the province, services are provided through travelling clinics and contracted psychologists in local Mental Health Centres. Access to Juvenile Services to the Court is by court order under the Young Offenders Act or by referral from Probation Services.

Youth Forensic Psychiatric Programmes

Family Court Clinic

Many children who are the subject of applications by the B.C. Superintendent of Family and Child Services for temporary or permanent custody have experienced, or are in danger of experiencing, neglect, physical abuse or sexual abuse. At the present time, there is no independent agency which provides unbiased multi-disciplinary assessments of such children and their families for the required court hearing under the Family and Child Services Act. There is a growing concern in the community regarding the quality and standard of assessments which are currently provided as there are a limited number of available experts in the province with respect to

issues of neglect and sexual abuse and no means of providing special training needed for psychiatrists, psychologists and social workers who provide this type of expert testimony.

In response to this need, Forensic Psychiatric Services, with the support of the Ministry of Social Services and Housing, and in conjunction with the Burnaby Family Court, has developed a pilot project to assess the feasibility of developing a Family Court Clinic which will specialize in the provision of appropriate and standardized psychiatric/psychological assessments of children and their families before the court in hearings under the Family and Child Services Act. In addition, this clinic will act as a training facility for clinicians to increase the multi-disciplinary effectiveness of these assessments. The pilot project is progressing well and over the past year there were 35 referrals for assessment.

Response Unit — Maples Adolescent Treatment Centre

The Maples Adolescent Treatment Centre has responded to an urgent community need for a specialized short-term residential facility for conduct disordered adolescents. The Response Unit provides short term (up to thirty days) assessment, stabilization, behaviour management planning, and respite for young persons who are severely conduct disordered. Clients of the Response Unit are young persons who do not meet the criteria for admission to a hospital-based psychiatric unit, but are severely depressed, suicidal, or otherwise mentally disordered. To date, 105 adolescents have been admitted to the unit.

Programme Support Services

The Forensic Psychiatric Services Commission, through Programme Support Services, provides support to Adult and Youth Services with respect to issues concerning programme evaluation, cost effectiveness, system design, policy formulation, clinical research, special projects, planning and budget activities. Programme Support Services provides a mechanism for accountability to the Ministry of Health and other relevant external agencies. The areas of responsibility for Programme Support Services include:

- ***Programme Evaluation***
  Programme Support Services conducts formative and summative evaluations of specific programmes as well as the development and implementation of outcome studies.

- ***System Design***
  The branch coordinates the development and implementation of management information systems, follow-up systems, medical record systems and clinical information systems.

- ***Policy Formulation***
  In consultation with the other branches of Forensic Psychiatric Services, Programme Support Services plays a major role in conducting needs analysis studies and the formulation, writing and review of policies and procedures affecting all areas of Forensic Psychiatric Services. As well, the branch plays an active role at both a Ministry and Interministerial level in the development of policies in regard to privacy of information.

- ***Financial Analysis and Support***
  A major support function of the branch involves the establishment of financial reporting systems, budget analysis, budget planning, and development and cost benefit analysis to ensure the provision of high quality, cost effective, mental health services.

- ***Survey Development and Analysis***
  In liaison with other departments, ministries and agencies, the branch conducts community epidemiological studies, demand for service studies and studies designed to improve the delivery of mental health services to identified target groups.

- ***Clinical and Behavioral Science Research***
  The branch is responsible for the coordination and monitoring of these research activities and provides assistance to clinical professionals in the investigation of a particular issue or set of issues.

- ***Library Services***
  The branch is responsible for the provision of professional library services including journal requests, book requests and literature searches for both Forensic Psychiatric Services and Burnaby Psychiatric Services.

- ***Quality Assurance***
  Programme Support Services plays a leading role in the development, implementation and subsequent evaluation of quality assurance programs and standards of care and service, thus ensuring the provision of high quality, cost effective care and service.

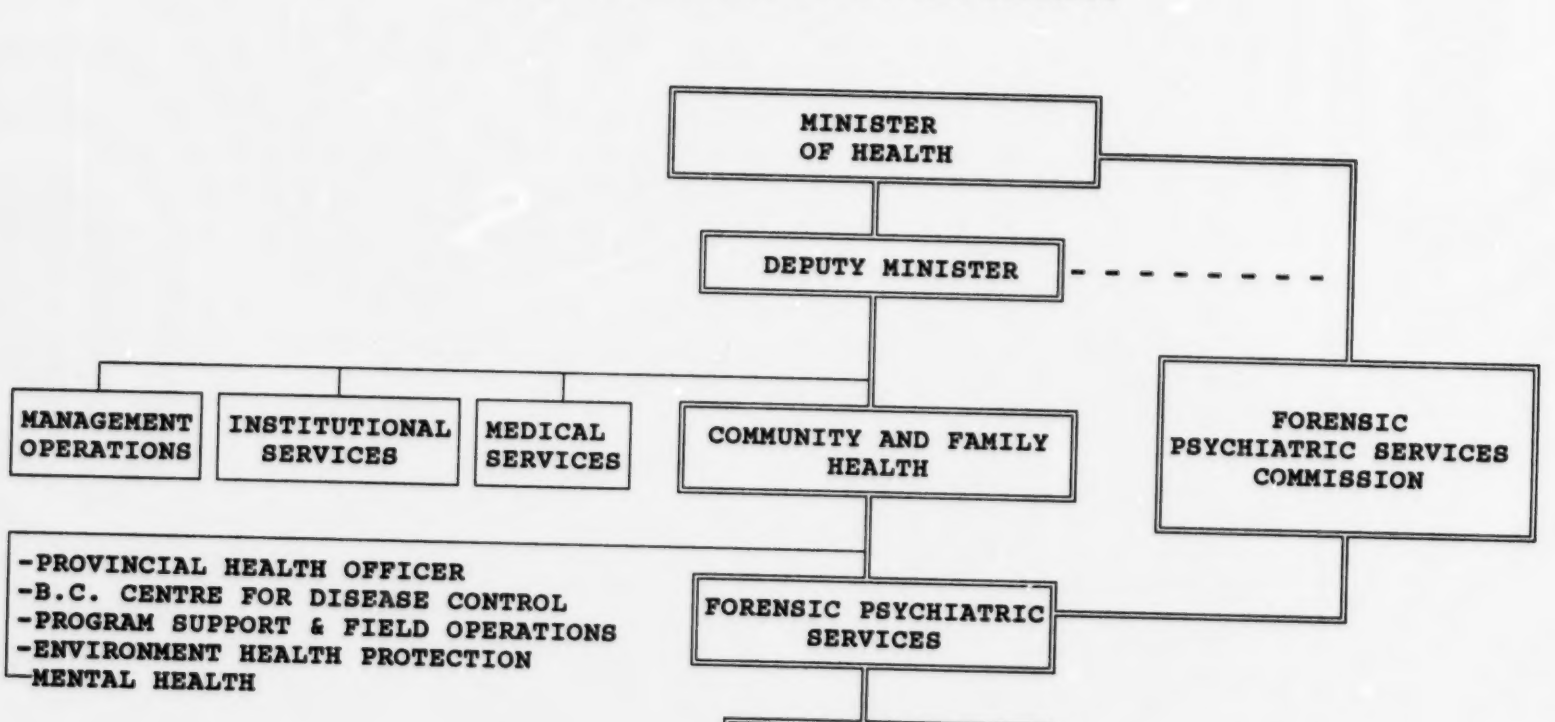
- ***Staff Education***
  The branch assists in the development of competency-based educational programs designed to increase core skills of staff and in the coordination of all training opportunities. As well, the branch is responsible for the administration of the training budget.

- ***Organization and Role Studies***
  Another focus of Programme Support Services is the investigation of organizational roles, and policies and procedures to determine their effect on the efficiency of operations and potential improvements which may be required.

- ***Clinical Evaluation***
  Programme Support Services assists with or conducts outcome and improvement studies, efficiency of service studies (including quality and acceptability of services), and develops epidemiological indices.

- ***Facilities Planning and Development***
  The branch is responsible for the planning, development and implementation of all identified requirements in the provision of new and/or expanded facilities within Forensic Psychiatric Services.

FPSC ORGANIZATIONAL CHART



Reports From the Directors

Adult Forensic Psychiatric Services

Overcrowding at the Forensic Psychiatric Institute remains the predominant issue for Adult Forensic Psychiatric Services. Almost continuously since early 1988, this 121 bed facility has accommodated in excess of 140 patients and the demand for service has increased to the point where formal arrangements have had to be made to house assessment patients in correctional facilities pending bed availability. In response to this problem, a thirty bed temporary unit has been completed on the Port Coquitlam site and was opened on March 14, 1990, thereby increasing the Institute's bed count to 151.

From an out-patient perspective, caseloads have continued to rise dramatically, primarily due to increased demand for services to sex offenders. The established and travelling clinics function to capacity and the level of cooperation experienced with sister agencies, particularly Corrections, is gratifying. It is envisaged that an improved capability in the delivery of out-patient services, particularly through the opening of clinics in Kamloops and Prince George, will assist in easing the ever mounting pressures on the Institute.

J.A. (Gus) Richardson
Director
Adult Forensic Psychiatric Services

Youth Forensic Psychiatric Services

Fiscal year 1989/90 has been characterized by change, growth and expansion in all programme areas.

Juvenile Services to the Court assumed full responsibility for delivery of all court-ordered and court-related assessment and treatment of young offenders throughout the province of British Columbia. While contracted services through Children's Mental Health Services remained the major vehicle for service delivery in outlying areas of the province, direct service clinics were opened in Kamloops and Prince George providing a Forensic Psychiatric Services presence in each of the four major regions of the province. Assessment and treatment services for young offenders in correctional facilities were enhanced in Prince George, Nanaimo and particularly Burnaby, where major plans are being implemented consistent with the recommendations of the Ombudsman report on youth in detention centres. There were significant initiatives in enhancing programmes for sexual offenders and violent offenders. Statistics indicate an increase of twenty-five percent in the number of young offenders receiving service. Major initiatives for fiscal year 1990/91 are in the planning stages.

At the Maples Adolescent Treatment Centre, the major focus has been on service delivery evaluation and review, development of new programmes, and decentralization initiatives. The Response Unit has provided community-based care plans for 105 adolescents in the first sixteen months of operation. This programme has been enthusiastically received by the community and has had a direct impact on reducing the number of referrals to the residential programmes. In addition to direct service, this unit has a major research component relating to conduct disorders in adolescents. Dala House, a seven bed residential community resource for thought disordered adolescents, was closed in August, 1989 as part of a decentralization initiative. Resources will be transferred to Children's Mental Health Services in the Interior and the North for the development of a local response to the assessment and treatment of thought disordered adolescents. Plans for further decentralization of thought disordered and conduct disordered

programmes for next fiscal year are being formulated. All decentralization initiatives are focused on developing increased local services while maintaining adequate centralized back-up services during the transition phase.

In keeping with a long-standing commitment to an interministerial approach to service delivery for emotionally disturbed adolescents, Youth Services has reinforced and strengthened the role of the Regional Child Coordinator of Children and Youth Mental Health Services in accessing Youth Forensic Services and coordinating initiatives in reintegration into and management of these adolescents in the local community.

Fred J. Bannon
Director
Youth Services
Forensic Psychiatric Services

Programme Support Services

During the past year, Forensic Psychiatric Services Headquarters, through Programme Support Services, has been actively engaged in a number of significant projects, including:

- Coordinating the planning and development of a modern 220 bed facility to replace the 121 bed Forensic Psychiatric Institute. It is expected that the final planning phase will be completed in 1990, and this will be followed by seeking approval for capital funding.

- Coordinating, planning and implementing a temporary thirty bed unit (trailer configuration) adjacent to the existing Forensic Psychiatric Institute to address current severe overcrowding (average occupancy 145 patients), pending construction of the planned new facility. The temporary unit was occupied on March 14, 1990.

- Coordination, planning and implementation of a comprehensive, computerized Patient Information Management System for both the Adult and Youth divisions of Forensic Psychiatric Services. This system will provide a linkage between all local and regional operations as well as a much needed clinical data base, thus enabling a more effective means of programme evaluation and needs analysis for the planning of new services.

- The highly experienced staff of Programme Support Services have been actively involved in over twenty research and programme evaluation projects including:

  - Developing programmes and protocols for multi-problem persons in conjunction with other ministries and agencies;

  - A tracking study to assess the recently developed Family Court Clinic;

- Assisting in the development and evaluation of a response unit at the Maples Adolescent Treatment Centre to assess and treat severely conduct disordered adolescents;

- Coordinating the development of Management Information Systems, follow-up systems, medical record systems and clinical information systems;

- Coordinating the formulation, review and updating of policies and procedures affecting Forensic Psychiatric Services;

- Conducting outcome and improvement studies, efficiency of service studies including quality and acceptability of services; and

- Conducting needs analysis studies in the area of staff training and education and coordinating the development and/or provision of educational programmes.

* Participating jointly with Corrections on the replacement of the Willingdon Youth Detention Centre in Burnaby. The joint plan includes a separate building to accommodate a fifteen (15) bed in-patient remand assessment unit and space for a comprehensive assessment and treatment programme for youths in the detention centre, as well as an out-patient capacity for youth on probation. An intensive treatment programme for sexual offenders will also be provided within the unit.

* In conjunction with the Ministry Space Planning and Facilities Management Branch, establishing Regional Forensic Out-patient Clinics in both Kamloops and Prince George.

Walter N. Boyd
Director
Programme Support Services

FPSC Research Projects

The following represents an overview of some of the research projects which the Forensic Psychiatric Services Commission are currently involved in or have completed in the past year.

Adult Forensic Psychiatric Services

An Evaluation of the Inter-Ministerial Project

This study involves an evaluation of an "assertive" or "intensive" case management project for multi-problem offenders who have a combination of psychiatric, behavioral and/or psychosocial problems. The purpose of the evaluation is to document the degree to which intensive case management can reduce the re-incarceration/re-hospitalization rate, extend the period of community tenure, and improve the quality of life of these individuals. The evaluation involves the on-going assessment and tracking of project participants over a twenty-four month period following their release from a correctional facility. In addition, a comparison group of offenders who receive traditional supervision will be tracked for a twenty-four month period.

Attitudes of Correctional Officers to Mentally Disordered Offenders

A study of correctional officer attitudes toward mentally disordered inmates is being conducted in the Vancouver pre-trial correctional centre. Utilizing a variety of instruments, the officers are being assessed on a number of attitudinal dimensions. Measures of "burnout" among the officers are being examined which may prove relevant in improving the training provided to officers and reducing the stress and turnover of corrections personnel.

A Study of the Prevalence and Detection of Mental Disorder in the Vancouver Remand Centre

The purpose of the study is to obtain data on the prevalence and types of mental illness in the Vancouver pre-trial correctional centre offender population. On a daily basis, a random sample of admissions to the remand centre are receiving a brief mental status examination. In addition, social and demographic data are being collected on all participants. The data collection phase will extend over a twelve month period.

A Study of Those Found Not Guilty By Reason Of Insanity

This is a follow-up study of a group of not guilty by reason of insanity patients released into the community. The groups to be analyzed include hospitalized (OIC), modified (MOIC) and rescinded (ROIC) Order-in-Council patients. The study involves the description of these patients in terms of demographics, mental status data and behaviour changes at significant points in their progress through the system. The initial phase of this study was completed in 1985. The current phase of the project involves a follow-up of the original sample as well as the description of all new Order-in-Council patients hospitalized since 1984.

A Follow-up of the Victims of Sexual Abuse

This project is a follow-up of the victims of a homosexual paedophile in a small community in British Columbia. The study design includes an examination of the victims as well as a comparison group. Data collected on the subjects includes subsequent involvement in sexual offenses, teacher rating scales, school performance and psychological tests.

The Impact of Criminal Code Amendments on Forensic Assessments

A study of one hundred patients assessed in the Vancouver prison system prior to and following pending Criminal Code amendments. Data gathered will include demographic, mental status, fitness, and criminological information.

A Project to Estimate the Impact of Deinstitutionalization on the Forensic, Mental Health, Criminal Justice and Social Services Systems

The purpose of this research project was to assess the impact of deinstitutionalization on the criminal justice system. Data were gathered at the Forensic Psychiatric Institute, Riverview Hospital and the Woodlands School. Data collection was also undertaken at the Greater Vancouver Mental Health Service and some correctional facilities.

An Assessment and Cost Measurement Study of the Multi-Service Network

In this study, sixty individuals referred to the Multi-Service Network were tracked prior to, and following, their contact with the Network to assess the utility and functioning of the Network. In addition, the costs associated with the service were measured for a non-random sample of ten cases.

Youth Forensic Psychiatric Services

Arousal Patterns of Adolescent Sex Offenders

Focusing on those adolescents convicted of sexual offenses, this study is examining the relationships between their behaviours, admitted sexual preferences, and the results of physiological assessment of sexual preferences.

Better understanding of these relationships will enhance the efficacy of therapeutic interventions intended to reduce deviant arousal patterns.

Sexual Offender Abuse Backgrounds

The role of sexual and/or physical abuse of the offender as possible etiological factors in subsequent violent verses non-violent sexual offence incidents is being investigated.

Follow-up of Treated Adolescent Sex Offenders

Adolescent offenders admitted to J.S.C. undergo a standard assessment to ascertain the nature of their paraphilia. An appropriate treatment regimen is then prescribed. A follow-up study is being implemented to ascertain the relative re-offence rates for program graduates versus dropouts, and to ascertain the general levels of supervision being provided for these individuals by other agencies.

Retrospective Study of Young Persons Raised to Adult Court

This study will document the clinical and legal criteria associated with applications to raise a juvenile to adult court. These persons are referred to J.S.C. for assessment under Section 13 of the Young Offenders Act. A more comprehensive understanding of the relationships between the outcomes of the assessments and the subsequent judicial decisions will better enable clinicians and legal personnel to effectively utilize this process.

Development and Implementation of an Enhanced Clinical Database

Introduction of additional standardized assessment instruments to be used with all cases referred to J.S.C. will enable research into many more

questions related to this patient population. Instruments being implemented include measures of mental status, depression, general behaviour patterns, aggressive behaviour, and substance abuse. These will complement the battery of intellectual and personality assessment tools already in use.

FPSC Research Papers and Publications

The following is a bibliography of the research published and the papers presented by Forensic Psychiatric Services employees and consultants over the past year.

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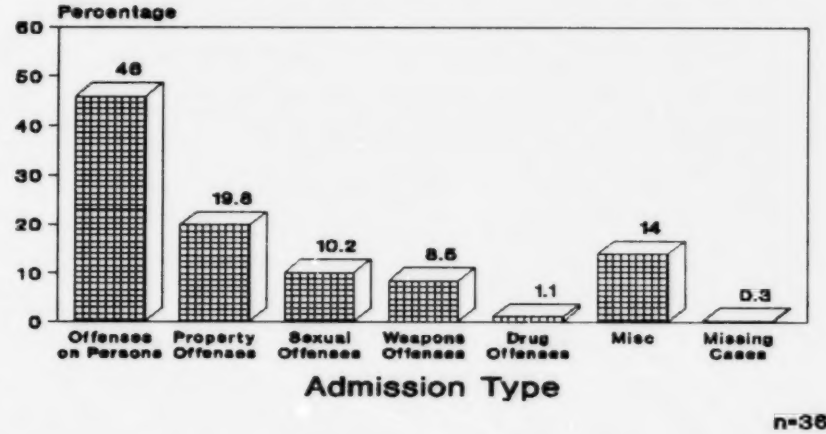
Appendix A
Statistics on FPSC Services

Adult Forensic Psychiatric Services --- In-Patient

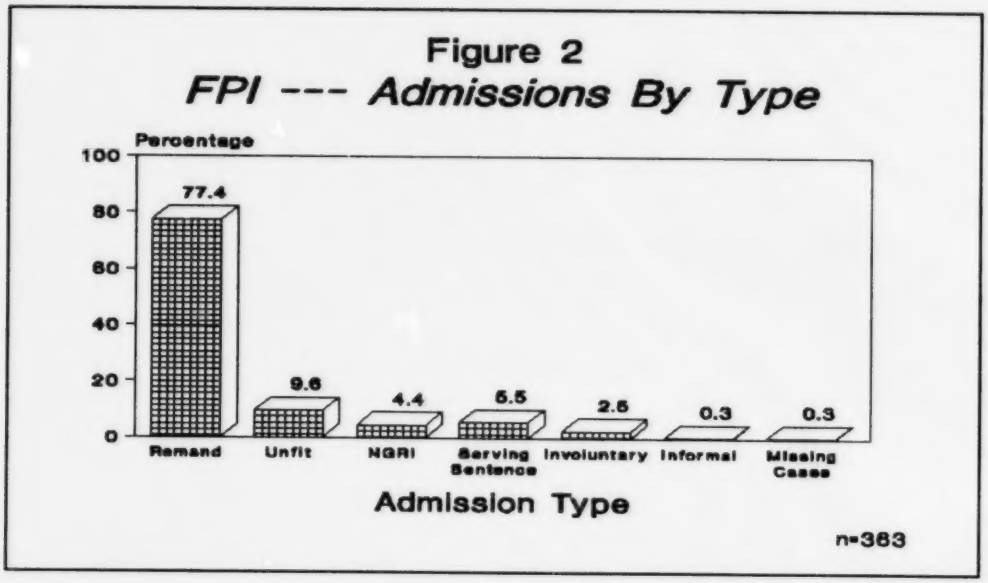
In the 89-90 fiscal year, there were 363 admissions to the Forensic Psychiatric Institute. Of those admissions, 330 (90.9%) were male patients and 33 (9.1%) were female patients. The median age for the admissions was thirty-three years, with a range from seventeen to seventy-three years. With respect to criminal charges, one can see from Figure 1 that nearly half (46%) of those admitted had been charged with offenses against the person[3]. Almost one in five (19.8%) were charged with property offenses, while approximately one in ten were charged with sexual (10.2%) or weapons (8.5%) offenses.

Figure 1

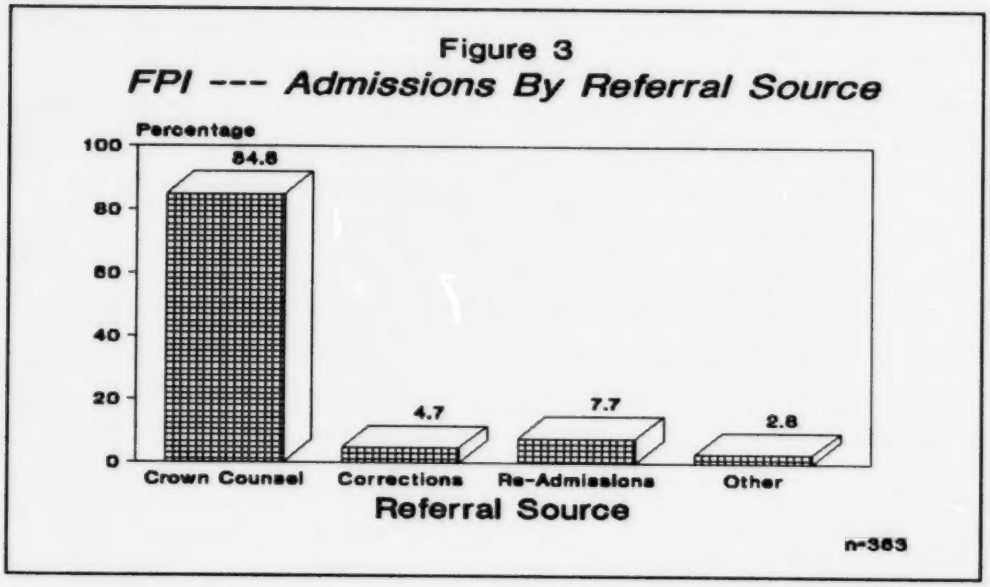
FPI --- Charges at Time of Admission



[3] Only one charge, the most serious, was coded for each admission.

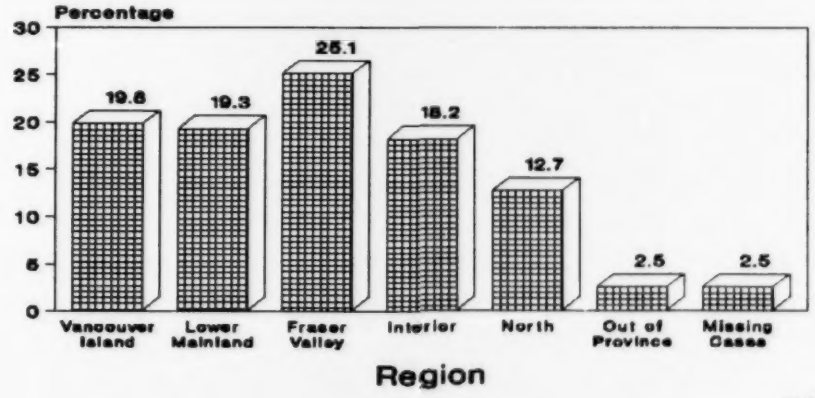


The various categories or types of admissions to the Forensic Psychiatric Institute are illustrated in Figure 2. The majority (77.4%) of those admitted were remanded to the Institute for assessment purposes. Only a small number were admitted because they were unfit to stand trial (9.6%), not



guilty by reason of insanity (4.4%), or serving a sentence (5.5%). With respect to the source of referral, nearly all (84.8%) of the admissions were referred to the Institute by Crown Counsel. Only a small number were referred by the Corrections branch (4.7%) or were readmissions (7.7%). In terms of the locations of the referrals, one can see from Figure 4 that patients admitted to the institute were referred from all regions of the

Figure 4
FPI --- Admissions By Region



n=363

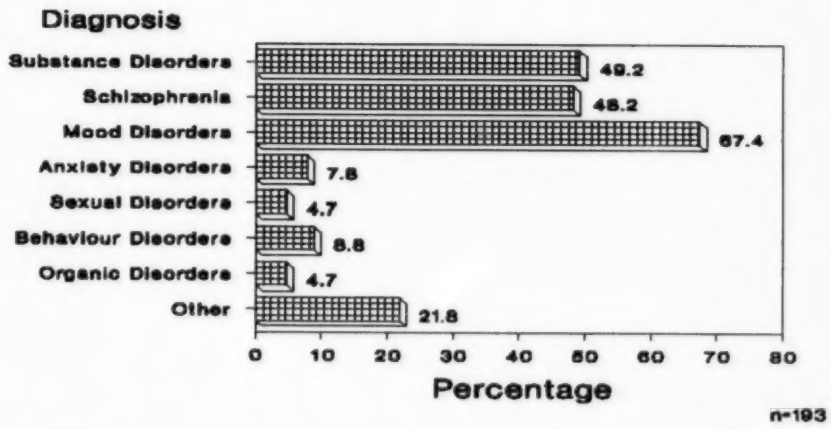
province. While just over one quarter (25.1%) were referred from the Fraser Valley region, approximately one fifth of the admissions were referred from the Lower Mainland (19.3%), the Vancouver Island (19.8%), and the Interior (18.2%) regions.

In the 89-90 fiscal year, there were 361 discharges from the Forensic Psychiatric Institute. At the time of release, a clinical diagnosis was given for 193 (53.5%) of these discharges. Figure 5 below provides a description of the types of disorders diagnosed for those 193 patients[4]. Over two thirds

[4] The total number of diagnoses is greater than 193 as some patients had more than one diagnosis.

Figure 5

FPI --- Diagnosis at Time of Discharge



(67.4%) of the patients had a mood disorder, while almost half were diagnosed with a substance induced disorder (49.2%) or a schizophrenic disorder (48.2%).

For those discharged over the past fiscal year, the median length of stay at the Institute was twenty-seven days, with a range from one day to 5255 days. With respect to occupancy rates, the Institute was operating beyond its 121 bed capacity for the entire fiscal year. The average occupancy rate for 1989-90 was 111.2%, with the range being from a low of 104.9% (March 1990) to a high of 118.7% (May 1989).

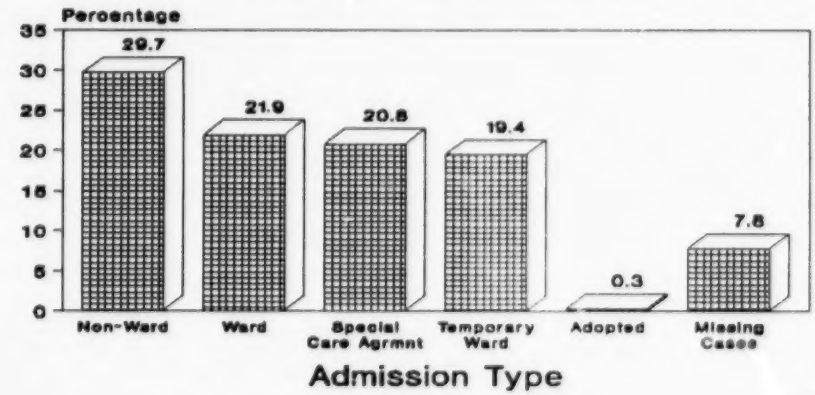
Youth Forensic Psychiatric Services --- In & Out-Patient

Maples Adolescent Treatment Centre

During the 1989-90 fiscal year, there were 283 admissions to the Maples Adolescent Treatment Centre[5]. Of those admitted, 162 (57.2%) were males and 121 (42.8%) were females. The median age for the group was fourteen years, with a range from eleven to seventeen years. With regard to the legal status of the adolescents admitted, one can see from Figure 6 that a majority

Figure 6

MATC --- Legal Status



of the admissions to the Maples were wards (21.9%), temporary wards (19.4%) or were Special Care Agreements (20.8%) under the *Family and Child Services Act*. With respect to the voluntariness of their admission, nearly all (97.5%) the youths were admitted on a voluntary basis, with only a handful (2.5%) being involuntary admissions.

[5] As some adolescents were admitted more than once over the course of the year, these admissions actually represented only 163 distinct cases.

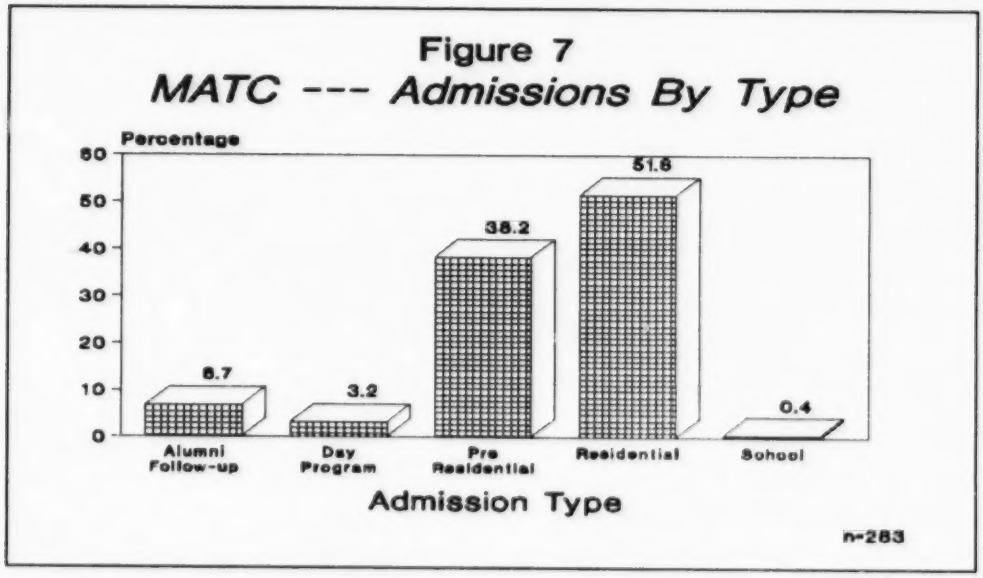
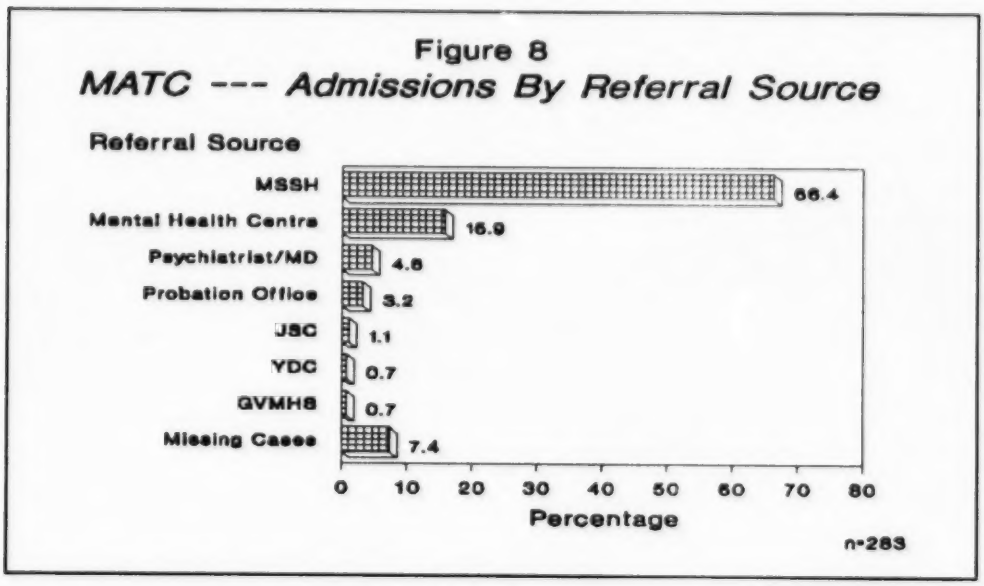
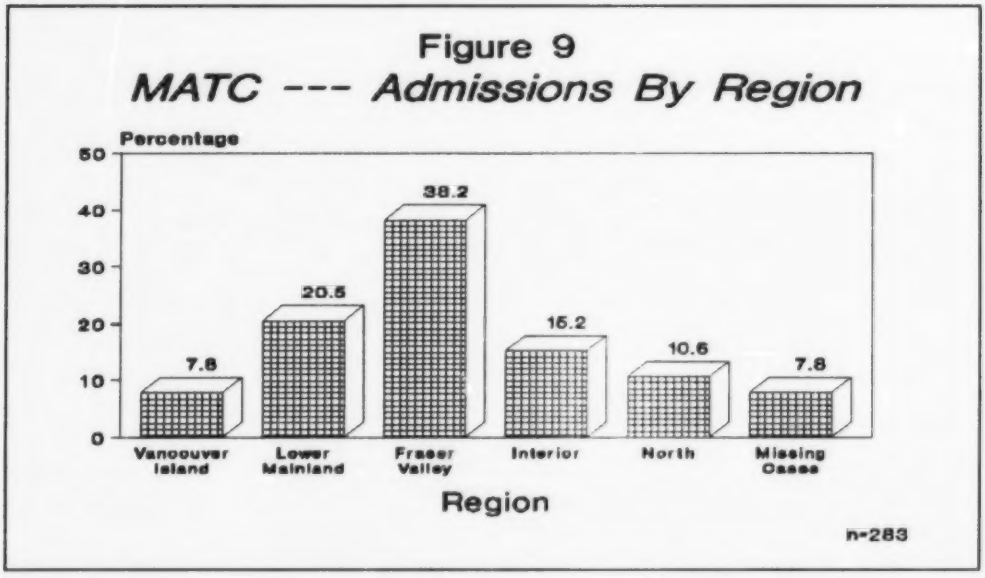


Figure 7 illustrates the types of admissions to the Maples. As is evident from the figure, only a few adolescents were alumni follow-up (6.7%), day program (3.2%), or school admissions (.4%). The vast majority of youths were admitted to the Maples as pre-residential (38.2%) or residential (51.6%)



admissions. In terms of the referral source for the admissions, it is clear from Figure 8 that many (66.4%) of the adolescents were referred to the Maples by the Ministry of Social Services and Housing. Just less than one sixth (15.9%) of the youths were referred by mental health centres. From Figure 9, one can see that the largest percentage of admissions were referred



from the Fraser Valley Region (38.2%). The Lower Mainland Region referred just over one fifth (20.5%) of the admissions, the Interior Region (15.2%) just under one sixth (15.2%), and the Northern Region of British Columbia referred approximately one tenth (10.6%) of the admissions to the Maples.

With regard to the number of discharges, there were 236 adolescents released from the Maples during the 1989-90 fiscal. The median length of stay for these youths was twenty-eight days, with a range from one to 348 days. The mean accupancy rate for the Maples for the fiscal year was eighty-one percent, with the range being from a low of sixty-eight percent (Jan. 1990) to a high of eighty-seven percent (Aug. & Sept. 1989).

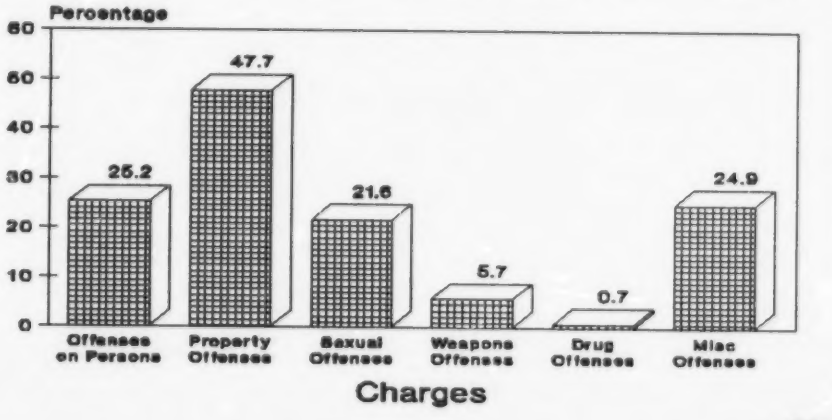
Juvenile Services to the Courts

In the 1989-90 fiscal year, there were 894 youths admitted to Juvenile Services to the Courts[6]. A majority of these adolescents were admitted to the Burnaby clinic (78.1%); with the remainder being admitted to the clinics in Kamloops (10.7%), Prince George (4.6%), or one of several mental health centres (6.6%). Over two thirds (68.4%) were admitted as out-patients, while the balance (31.6%) were in-patient admissions. Similarly, most admissions to JSC were for assessment (81.2%), rather than treatment (18.8%).

Of the total admissions, more than four out of every five (86%) youths admitted were males. The median age for these adolescents was 15.5 years, with a range from eleven to twenty-two years. Only a small percentage of the admissions were wards of the Superintendent of Family and Child Services (8.8%) and just over one out of every five (22.9%) adolescents were on probation at the time of admission. With respect to the types of charges

Figure 10

JSC --- Criminal Charges on Admission



[6] As some adolescents were admitted more than once over the course of the year, these admissions actually represented only 568 distinct cases.

which had been laid against the adolescents, one can see from Figure 10 that almost half (47.6%) of the youths had been charged with property offenses, while one quarter (25.2%) were charged with offenses against the person and one fifth (21.5%) were charged with sexual offenses. In terms of the stage of proceedings at time of admission to JSC, it is evident from Figure 11 that nearly all the youths were at the pre-disposition (38%) or post-disposition (46.1%) stage. Only a small number were at the pre-adjudication stage (3.5%) or were being screened for diversion (.1%) or alternative measures (1.3%).

Figure 11

JSC --- Stage of Proceedings

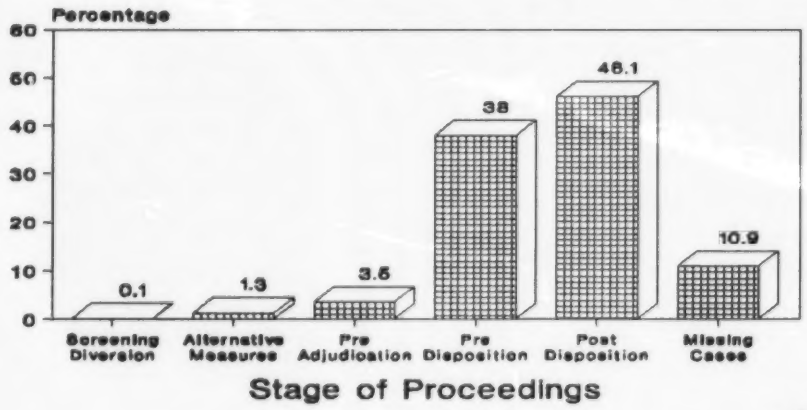
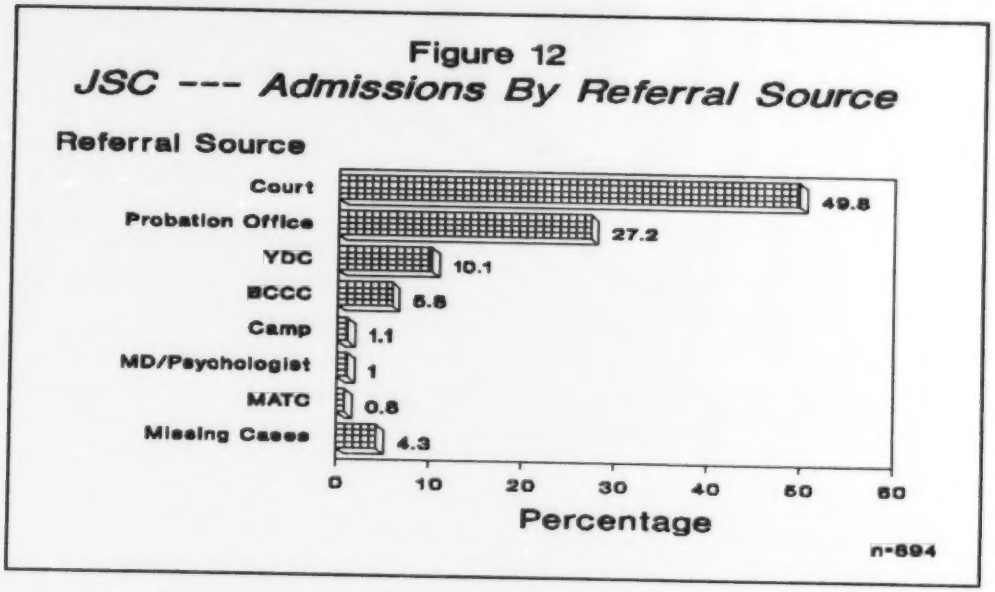


Figure 12 below provides an illustration of the sources of referral for those adolescents admitted to Juvenile Services to the Courts. Almost half (49.8%) were referred by the courts, just over one quarter (27.2%) were referred by probation offices, and one tenth (10.1%) were referred by youth detention centres. The remaining youths were referred by Burnaby Community Correctional Centres (5.8%), youth camps (1.1%), physicians/psychologists (1%), and the Maples Adolescent Treatment Centre (.8%).

Figure 12

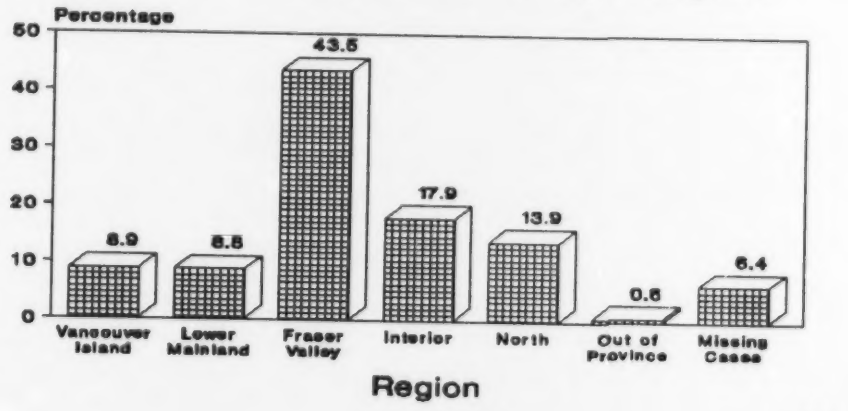
JSC --- Admissions By Referral Source



The regions from which the adolescents were referred to Juvenile Services to the Courts are illustrated in Figure 13 below. As might be expected, the predominant referral source was the Fraser Valley Region with over forty percent (43.5%) of the cases. The Interior (17.9%) and the Northern (13.9%)

Figure 13

JSC --- Admissions By Region



Regions composed almost one third of the referrals. Vancouver Island (8.9%) and the Lower Mainland (8.8%) each made less than one in ten of the referrals to JSC. Only a handful of referrals (.6%) were from out of the province.

During the 1989-90 fiscal year, there were 621 discharges from Juvenile Services to the Courts. For these discharges, the median length of stay was nine days, with the range being from a low of one day to a high of 327 days. The median occupancy rate over the past fiscal year for the In-patient Assessment Unit (9 beds) at JSC was 94%, with a range from 58% to 142.6%.